

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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EDITORS.

FOR SANITARY SUPERVISOR OF THE MISSISSIPPI VALLEY,

JAMES B. EADS, of St. Louis.

## THE HOUSE OF LEA.

In the admirable obituary notice of Dr. Isaac Hays, prepared by Prof. Gross for the last number of the American Journal of the Medical Sciences, the distinguished author records several facts in the history of the celebrated firm of much interest to the profession. The house of Lea, indeed, is not only closely connected with the medical profession of the United States through its numberless publications of medical works, but its reputation, like that of all its great publishers, is a decided element in the reputation of the country at large. The imprint of Henry C. Lea, wherever it appears, means two things surely—enterprise and correctness—and seldom fails to be the stamp of culture and civilization. Prof. Gross says of this national firm:

The permanent prosperity of any great and commanding journal, whether medical or literary, must of necessity be materially influenced by the character and stability of its publishers, whatever may be the talent, industry, or genius of its editor. In this particular Dr. Hays had every reason to congratulate himself; for during his protracted connection with the American Journal of the Medical Sciences, and the various changes which the original publishing firm experienced, not a word of misunderstanding ever arose between the existing parties to mar the success of the enterprise or to disturb their friendly relations. The founder of the house which was destined to attain a world-wide reputation, especially for the part which it has played for upward of half a

century in supplying the country with standard medical works, was Mathew Carey, an eminent philanthropist, whose voluminous writings on the political and social sciences exercised no little influence in their day, and whose History of the Yellow Fever of 1793 is still referred to by medical writers. In 1783, his political writings having rendered him obnoxious to the British Government, he was obliged to emigrate from Ireland and take refuge in this country, and soon after entered on the book trade in this city. It was under his auspices that Dr. Chapman brought out the first four volumes of the Philadelphia Journal of the Medical and Physical Sciences. In 1822 Mr. Carey retired from the firm, and was succeeded by his son, Mr. Henry C. Carey, and his son-in-law, Mr. Isaac Lea, who have since become so distinguished in the literary and scientific world—the one as a great writer upon political economy, and the other as the author of numerous contributions to natural history, evincing great research and rare talent. It is gratifying to know that these two gentlemen are still among us in the enjoyment of excellent health and unimpaired mental vigor. In 1833 the late Mr. William A. Blanchard, a man of remarkable executive ability, was added to the firm, which then became known as Carey, Lea & Blanchard. In 1839 Mr. Carey retired, followed, in 1851, by Mr. Lea, who was succeeded by his son, Mr. Henry C. Lea, the firm being now Blanchard & Lea. In 1865 Mr. William A. Blanchard retired, and his son, Mr. Henry Blanchard, entered, and the firm again took the name of Lee & Blanchard, but only for a few months, Mr. Blanchard being obliged to retire on account of ill health, thus leaving the field solely to Mr. Lea, a gentleman widely known upon both sides of the Atlantic, not only as a great publisher, but as an accomplished scholar and vigorous writer.

IRREGULAR SPECIALISTS.—Prof. Andrews, of Chicago, is doing some good service in running down irregular specialists, and seeing what they have good as well as bad in their art. His first raid was upon the pile-injectors, and his elaborate bulletin of results

has already been published in these pages. It will be remembered that the fact was therein established that within certain lines the method of this fraternity is an efficient one. The last incursion of Dr. Andrews was upon the corn-doctors—or *eleganter*, the chiropodists—an account of which was published in the last Chicago Medical Journal. Nothing novel was found on their premises except an extraordinary method of computing bills. What, for instance, to the ordinary lay or surgical eye looks like a single corn may prove in settlement of the account of one of the special gentry (who charge so much per corn) to be a dozen or more, according to the number of parings he may be able to make, or the number of concentric rings he may be able to show. He relates, too, that they acquire great facility with the use of their tools—knives or chisels. To prevent the return of the corn, nothing more specific than a change of shoe and protection by plaster was discovered.

We say that these inquiries by Prof. Andrews are very useful. The Confessions of a Bonesetter, published by Mr. Hood in the *Lancet* a few years since, undoubtedly gave a very instructive lesson to regular surgery, and it is not improbable that in similar fields we shall be able to run up on something worth knowing. We would suggest to Prof. Andrews—but of course the thought has already occurred to him—that he take the “cancer-doctors” in hand, and tell us what he finds.

**THE BOGUS BENEFICIARY IN BALTIMORE.**  
We had supposed that the bogus beneficiary dodge had been so thoroughly exposed that no school would be found at this late day with cheek sufficient to continue it. It appears that we are mistaken. The Baltimore “College of Physicians and Surgeons” (to which we referred in this connection a year or two ago) sends out in its catalogues of this year its usual bogus beneficiary blanks, to be filled by any physician to whom it may come. The tickets of the school are offered at one third the price named in the cata-

logue. The scheme is bogus, as the impression is conveyed that the favor is special, whereas it is doubtful if any other class of students is obtained. The usual bull is made that the recipients of these favors are known as “such only” to the dean. The College of Physicians and Surgeons of Baltimore is the only school in the country at present engaged in the nasty business.

DR. JACQUES ROBINSON complains to us that the title of his new instrument, the “Perineosinu—etc.” is not always spelled rightly by the medical press. He is profuse in his thanks, however, for the cordial manner in which it has been received, and is convinced he has met a want long filled.

AMONG the gentlemen supposed to be editing this journal may be mentioned Drs. Collins, Collings, Cowan, Cowen, Cowing, Crowley, Cauley, Couden, Coquelin (from Paris), Coulanges, and Growling. Collins is about a fair average. The worst on his associate is “Jardelle.”

## Original.

### REPORT OF CASES FROM EYE, EAR, AND THROAT CLINIC.

BY W. CHEATHAM, M. D.

*Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Kentucky Infirmary for Women and Children, Masonic Widows and Orphans' Home, Baptist Orphan Asylum, etc.*

Mrs. McK., aged ninety-two years, applied to me two years ago with senile cataract. Placing her under the influence of ether, the cataract was removed by Graefe's method. Scarcely any reaction followed. A good recovery. Vision equal to one half of normal for distance. Reads the finest print eight inches from eye. This is about the oldest patient I ever heard of being operated upon with such a result. She is now ninety-four years of age, goes where she pleases without assistance, and reads, sews, and knits with perfect comfort. The cataract had existed

for over five years. She had not seen an object in that time. The old lady, on again seeing the beauties of nature, said, "If heaven is any prettier than earth, I want to go there."

#### Nervous Aphonia.

Mr. J., aged twenty, reported at my office two weeks ago, stating that he could scarcely swallow, and that there was pain on speaking. I had treated him some time ago for a strange affection of both soft and hard palate. Examination showed no cause for complaint. I, however, made an application with a spray, and ordered him to report next day. Next morning he came to the office, handed me a slip of paper on which was written, "I have lost my voice; can you relieve me?" This was of course a great surprise to me. Laryngoscopic examination again revealed no cause for the trouble. Believing it to be similar to cases occurring in hysterical females, I promised early relief. I applied galvanism, placing one electrode in the larynx in contact with the vocal cords, the other outside over the larynx. One application gave him great relief, enabling him to say "One, two, three." He reported again next morning with almost perfect use of voice and absence of dysphagia. Some such cases get almost instant relief from the simple introduction of the finger or any foreign body such as the laryngoscopic mirror, etc. I never heard of such a case before in a male.

LOUISVILLE.

## Correspondence.

### LONDON LETTER.

#### *My Dear News:*

The prolonged pluvial weather which has caused so much inconvenience and discomfort in England is not wholly to be decried, for the health of the country has not been so good for twelve years. This is easily accounted for. The mean temperature last week, which is an average week of the last several months, was only 56.5°, and the almost daily rains constantly washed the streets and sewers, cleansing them of debris of all sorts. Here again we have an illustration of one of England's most famous son's wise and favorite aphorisms; "It's an ill wind that blows nowhere," said Mr. Sam'l Weller, jr. The weather is improving, for last week it only rained on six days out of seven, and the sun was often, if briefly, seen. This week began this morning with a heavy

shower, and heaven's unsaline tears have dropped on us more or less all day.

During the past week I witnessed two ovariectomies, and could have seen blood shed brilliantly each day by famous surgeons had I been of sanguine taste. But I went only to see the ovariectomies, because it is a Kentucky piece of carving, and because a distinguished relative has done it so well, and because I was invited by the greatest and by one of the great ovariectomists to see the useful horror done. The first was performed by Mr. Spencer Wells at a private house. It was a good case—no attachments, no complications—a middle-aged patient in fine condition. The tumor was one large cyst and a knot of small ones, together in weight probably forty pounds. It was done under the carbolic spray, Mr. Thornton and Mr. Dees assisting. As deliberate as a sculptor or a painter, Mr. Wells went at his work. Not two tablespoons of blood were shed, and in less than half an hour the operation was over. Bichloride of methylene was the anesthetic used, and it was given without fear, for neither pulse nor pupil were looked to. For ten years Mr. Wells has used it, and never an accident has occurred. Mr. Wells considers it the safest and best of anesthetics. Dr. B. W. Richardson, its discoverer, says that in at least a hundred thousand cases where it has been used no evil has resulted. This ovariectomy was Mr. Wells's nine hundred and fifty-fifth case! The youngest ovariectomy he ever did was on a child of eight. He has found an ovarian tumor in an unborn infant. Need I say that this was in a post-mortem examination? In all my life I have never seen any thing in surgery so perfect, so beautiful as Mr. Wells's operation. Beautiful is the only word that expresses it, though I confess beautiful is a doubtful term to be coupled with surgery.

Mr. Thornton's operation was on a very old woman, toothless and gray, in hospital. The tumor was larger than in Mr. Wells's case, and was attached to the omentum. This and some slight oozing of blood made the operation more tedious than Mr. Wells's, but Mr. Thornton cuts and tears with the knife and hands of an artist. An interesting feature in this case is that in 1859 a rupture of an ovarian cyst occurred while the patient was violently exerting herself. She was very ill for some days, but soon after recovery the fluid was absorbed and her abdomen resumed its natural size. Gradually the malady returned. The tumor showed distinctly where the ruptured cyst had been,

a thick fibrous growth as large as one's two hands only remaining of it.

Mr. Thornton uses bichloride of methylene wholly in his surgical operations. It is claimed for it that anesthesia under it is less dangerous, more rapid, and less frequently followed by vomiting, etc. than with chloroform or ether.

Dr. B. W. Richardson is now giving nitrite of amyl internally. He uses it in the same cases he first recommended it in by inhalation. He commences with three-drop doses, gradually increasing until the desired effect is produced. He gives it in alcohol and glycerine—say, alcohol, three drams; glycerine, five drams; nitrite of amyl, twenty-four drops. In chloroform-poisoning and in sea-sickness he can not see how it can do any good, though he has no experience with it in these troubles. It is scarcely necessary to tell any reader of the NEWS that Dr. Richardson is the discoverer of this useful and potent drug. How lovely it does act in spasmodic affections!

At the *conversazione* of the Royal College of Physicians Dr. Richardson exhibited his curious new invention, the sphygmophone, or pulse-talker. By it you hear the sounds of the heart and the rush of the blood in the arteries. I had before seen and listened to it at his house, and I am inclined to believe it will prove a more practically useful instrument than the sphygmograph. Let me say, in passing, that Dr. Richardson confirms my judgment that Pond's sphygmograph is the best yet invented.

Dr. Thomas Fox, the pupil, co-worker, and brother of the late good, famous, and beloved Tilbury Fox, it will be pleasant for dermatologists to know, is following in the footsteps of his distinguished brother. Already he is favorably known to the profession by his writings in the *Lancet* and other journals. He is a man of superior mind, fine presence, and pleasing manners, and is quite worthy of his brother, of whom all know, and of his father, dead since Tilbury, one of the most successful, respected, and useful general practitioners in England. A strong man was the father; a man who commanded the respect of men and won the admiration of women, as Milner Fothergill says.

Mr. Henry Lee still holds to the belief, and is strengthened in it by prolonged experience, that the moist mercurial vapor bath is the best of all treatments for syphilis. I agree with him that where it does not succeed the fault is with the patient or the giver

of the baths. Except for its trouble and expense, I am sure it would be in universal use by the profession. Wednesday I go to the christening of his little daughter, six weeks old, and I wish him many more such events. A christening here is not, as with us generally, a mere matter of prayer-books and water; a celebrative dinner, gladdened by the juice of the grape, following the religious rite. Ah, how the blood of the grape does improve one's appetite and enhance one's affection and augment one's gratitude and increase one's amiability! And yet I am sure the world would be better without it—I mean the world at large.

L. P. YANDELL.

SAVILE CLUB, LONDON, July 13, 1879.

### VIBURNUM PRUNIFOLIUM IN MENORRHAGIA.

*To the Editors of the Louisville Medical News:*

Attention was first called to the medical virtues of this plant by Dr. D. L. Phares, of Newtonia, Miss., who considered it as nerveine, antispasmodic, diuretic, and tonic, and recommended it in the nervous disorders of pregnancy and in preventing miscarriage from any cause. (See *Boston Medical and Surgical Journal*, October 10, 1867, p. 212.) I have never seen any thing written of its effects on the unimpregnated uterus, but I resolved to give it a trial.

Mrs. —, aged nineteen, good constitution, no diathesis, married one month, had her regular menses on June 1st; lasted four days and ceased without any trouble. On June 11th, six days after menopause, the hemorrhage reappeared; and, after having continued four days longer without any appearance of ceasing, I was asked what should be done. After making requisite inquiries, I informed her that it ought to be stopped. The patient was pale and nervous, and felt weak from loss of blood. There was considerable pain in the hypogastric region, besides nervous irritability. I prescribed ergot in full doses at regular intervals, combined with opium to allay pain and give rest. Advised the patient to lie down as much as possible, as exercise seemed to aggravate the case, and to keep quiet. After using the ergot for three days, and opium as required, without the least perceptible benefit, I stopped it and ordered dram doses of the fluid extract of *viburnum prunifolium* every three hours. After the fifth dose was taken the hemorrhage ceased and the general con-



dition of the patient began to improve rapidly, much to my satisfaction and her relief. When she had recovered she told me that no other medicine had ever done her so much good.

I will soon report a very interesting case.

GREENVILLE, S. C.

L. A. EAST.

### CASE OF FOREIGN BODY IN THE STOMACH.

*To the Editors of the Louisville Medical News:*

I was called, May 28, 1879, to see Willie N., aged four years, who had accidentally swallowed a round flat tin whistle a size larger than a quarter of a dollar. The patient was a very large boy of his age, with rosy cheeks, but at the time of my visit he was pale and quite nervous, and complained of a good deal of pain along the esophagus and in the stomach. Nausea and vomiting had come on, and a direct emetic was given, but no foreign body was ejected. The nausea, however, continued for several days, and he would vomit every time he tried to eat any thing. He took morphia and bismuth, also lime-water and milk. In a few days he got better, and was able to be about all the time. On July 8th he passed the whistle per rectum without any difficulty.

Cases like the above cause a great deal of anxiety, and there is quite often a desire expressed that active operative procedures be instituted; but experience generally proves that it is the best plan to watch and wait, as nature very commonly expels foreign bodies in its own way and in its own time.

I am indebted to Dr. Cummins, of Louisville, for valuable advice in the above case.

J. T. DAVIS, M. D.

FISHERVILLE, JEFFERSON CO., KY.

### Reviews.

**The Treatment of Epithelioma of the Cervix Uteri.** By J. MARION SIMS, M. D., Founder of the Woman's Hospital of the State of New York, and formerly Surgeon to the same; Ex-president of the American Medical Association. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XII, No. 3, July, 1879. New York: William Wood and Co., 27 Great Jones Street. 1879.

In this important paper of forty pages the history, diagnosis, and treatment of epithelioma of the cervix uteri is discussed at length. Dr. Sims is able to promise much relief in this painful and often abandoned malady,

not particularly by any new departure from known methods, but by thoroughness in their application. Thoroughness, in fact, is the keynote of Dr. Sims's method in dealing with epithelioma of the cervix, as in his operations elsewhere. The cervix is not simply to be amputated, but the growth is to be attacked with knife, scissors, and curette till completely removed; and when bleeding is stopped the raw surface is to be further invaded with caustics. The details of the operation are clearly and succinctly set forth, and a number of illustrative cases are given. The paper contains the "last word" of the great master in uterine surgery, and must be consulted by every surgeon having in view an operation for epithelioma of the cervix. The following is the summary made by Dr. Sims:

1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or the electro-cautery.
2. Excise the whole of the diseased tissue, even up to the os internum, if necessary.
3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton wool.
4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.
5. When the styptic tampon is removed cauterize the granulating cavity from which the disease was excised with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.
6. After removal of the caustic and the slough it produces, use carbolic warm-water vaginal douches daily till cicatrization is complete.
7. After the cure put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.
8. Then, if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them, and treat the case afterward with caustic just as in the first instance.
9. Almost every case may be benefited by operation, even when there is no hope of giving entire relief.

**WHEN THE DOCTOR SHOULD CONSULT THE DENTIST.**—1. In all lesions of the trifacial and all diseases arising therefrom the dentist should be consulted to see if his special knowledge will avail in making a diagnosis; 2. In all carious conditions of the bones of the face, and troubles arising therefrom; 3. In nervous diseases, where there is any probability or even possibility of involvement of nerve-centers through the trifacial; 4. In digestive disorders where even remote suspicion rests upon the teeth.—J. B. Hodgkin, D. D. S., in *American Journal of Dental Science*.

## Pharmaceutical.

### THE QUINQUINIA OF CHAS. T. WHITE & CO., OF NEW YORK.

This preparation consists simply of the alkaloids of cinchona bark in the form of a light-brown precipitate. Being a natural combination, the proportions of each constituent may vary somewhat, according to the bark used; but after repeated examinations the average composition is determined as follows:

Quinia alkaloid.....	15 per cent.
Quinidia " .....	15 "
Cinchonidia " .....	15 "
Cinchonia " .....	25 "
Chinoidine purified....	30 "

#### NATURAL ALKALOIDS OF CINCHONA BARKS.

Crystallizable.	Amorphous.
QUINIA (quinine; ( <i>Chinine</i> )).	DIHOMOCINCHONIA (Dihomocinchonine).
QUINIDIA (Quinidine; <i>Hesse's Conchinine</i> ).	PAYTAMIA (Paytamine).
CINCHONIA (Cinchonine).	CUSCONIDIA (Cusconidine).
CINCHONIDIA (Cinchonidine).	DICINCHONIA (Dicinchonine).
QUINAMIA (Quinamine).	DIQUINIDIA (Diquinidine; <i>Hesse's Diconchinine</i> ).
QUINIDAMIA (Quinidamine; <i>Hesse's Conchinamine</i> ).	PARICIA (Paricine).
HOMOCINCHONIA (Homocinchonine).	A liquid alkaloid unnamed.
HOMOCINCHONIDIA (Homocinchonidine).	
PAYTIA (Paytine).	
CUSCONIA (Cusconine).	
ARICIA (Aricine).	
JAVANIA (Javanine).	

#### ARTIFICIAL OR SECONDARY, PRODUCED BY OVER-HEATING OR CHEMICAL ACTION DURING PROCESS OF MANUFACTURE.

QUINICIA (Quinicine).	QUINAMICIA (Quinamicine).
CINCHONICIA (Cinchonicine).	HOMOCINCHONICIA (Homocinchonicine).
QUINAMIDIA (Quinamidine).	POQUINAMIA (Apoquinamine).
PROTOQUINAMICIA (Protoquinaminicine).	

It will be seen from the above that besides the well-known alkaloids of quinia, quinidia, cinchonidia, and cinchonia, which compose the larger portion of this preparation, quinquinia also contains, in the constituent known as purified chinoidine, other valuable alkaloids, both crystallizable and amorphous.

## Consultations.

*Duo capita quam unum meliora.*—CELSUS.

With this number we open a column for consultations, in which we shall be happy to answer questions if we can, or endeavor to have them answered if we can not. No other department of the journal can be made more interesting than this, and we ask the earnest co-operation of our readers in its behalf. Answers to questions asked, and the

generality of communications intended for this column, may be written on a postal, and will give no trouble. In all cases the name of the writer is required, as a guarantee of good faith, though it will not be published unless it is desired.

Our first consultations are of great interest, and we trust replies to them will be general. When enough are handed in we will publish the results.

1. A physician has a pocket-case containing twelve two-dram vials, which he wishes to fill with medicines which would be most likely to be of service in ordinary practice. With what should he fill it? (N. B. In replying do not give the drug simply, but the preparation—e. g. not mercury, but calomel in whatever the preparation preferred.

2. What twelve books would form the most useful library for a physician? (N. B. Leave out the NEWS, which of course would figure as a thirteenth.)

## Miscellany.

**INLAND TRAVEL.**—The following are the regulations adopted by the Sanitary Council of the Mississippi Valley in regard to the supervision of inland travel:

#### SANITARY INSPECTION OF STEAMBOATS CARRYING PASSENGERS AND FREIGHT FROM THE GULF-PORTS INTO THE INTERIOR:

**Proposition I.** Every captain or commanding officer shall keep in a book of permanent record the sanitary history of the steamboat from the 1st of April to the 1st of December inclusive. Such captain or commanding officer, before leaving a seaport city or town, shall obtain a certificate from a medical inspector, which certificate shall be entered upon and form a part of said record, certifying that he has personally examined the steamboat, and that all the rules and regulations adopted by this Council, relating to the cleansing and disinfection while at the docks and wharves of a city or town, have been complied with. Said certificate shall also state that the cargo of freight of whatever description is in good sanitary condition, and may be safely transported to its point of destination.

**Proposition II.** The captain or commanding officer shall daily enter upon this record all facts relating to the health of the passengers and crew, and the amount and kind of sanitary cleansing during the passage. The captain or commanding officer shall be compelled to verify by affidavit at the time of inspection the correctness of the daily record.

**Proposition III.** The reinspection of said boat shall be required only at the point of destination (except as hereinafter provided), at which point the medical inspector shall examine, before she discharges her cargo, the sanitary record of the boat

and the boat itself. If such record has been neglected and the boat is in a bad sanitary condition, the medical inspector shall require proper sanitary cleansing before the cargo is discharged or a new cargo is put on board. On the return passage the same rules apply.

*Proposition IV.* All boats navigating the Mississippi River shall undergo inspection and reinspection, in the same manner as above provided, upon arrival at New Orleans, Vicksburg, Memphis, Cairo, and the point of destination.

*Proposition V.* Whenever yellow fever or cholera prevails at any of the gulf-ports, the medical inspector shall certify on the record the precautions that have been taken, and the danger to be apprehended from cargo, passengers, and crew. The reinspection must be made at least one mile from a town, at a point suitable for the care of the sick, detention of the well, and the disinfection and cleansing of cargo and boat.

*Proposition VI.* The foregoing rules and regulations shall also apply to tugs, tows, and barges.

#### SANITARY SUPERVISION OF RAILROADS AND OF TRAVEL AND TRAFFIC BY RAILROADS:

*Proposition I.* Concerning the Sanitary Care of Depots, Stations, Round-houses, Car-shops, Grounds, etc.: At all seasons of the year the depots and surroundings shall be kept in a good sanitary condition, the grounds well drained and free from stagnant water and decomposing organic matter; the water-closets and privies shall be daily inspected by the local railroad agent or official, who shall cause the floors, seats, and urinals to be kept clean and free from all offensive odor; the vaults of privies shall be emptied often enough to prevent any large accumulation of excremental matter, and shall be disinfected every week by pouring into the vault a saturated solution of the sulphates or chlorides of iron or zinc in sufficient quantity to remove all offensive odors.

*Proposition II.* Concerning Railroad Quarantine: 1. Whenever a railroad-train departs from an infected station no person with fever shall be allowed to take passage on such train. The baggage from such infected station shall be thoroughly disinfected before leaving such railroad station. At a point not less than fifty (50) nor more than seventy-five (75) miles from the point of departure from an infected place there shall be an entire transfer of passengers and baggage to another train of cars, which train shall never enter an infected district. This transfer shall be made under the supervision of a medical officer. No person with fever shall be allowed to proceed on this train, but shall return to the point of departure or be treated in hospital at the place of transfer.

2. No sleeping-car shall be allowed to remain in an infected town, nor shall any sleeping-car approach nearer an infected place than the point of transfer. Any passenger-car leaving an infected place shall be thoroughly ventilated during its passage to the place of transfer, by having not less than one half of the windows of the cars open during such passage.

3. The upholstered seats of passenger- and sleeping-cars and the mattresses and pillows of sleeping-cars shall be thoroughly whipped or beaten (in open air so far as practicable), and brushed free from all dust, and thoroughly aired and sunned at the end of each trip. The blankets and curtains of all sleeping-cars shall also be beaten and aired in the same way. In case of infection of a passenger-car or of a sleeping-car, all the upholstery, cushions, curtains, bed-

ding, mattresses, etc. shall be thoroughly disinfected, under the supervision of a medical officer, before being again used.

4. The cars which carry freight without breaking bulk may pass without transfer if the freight cars are ventilated in such way that a constant current of air passes through the whole length of the car during transit. Way-freight shall be transferred at a point not exceeding fifty (50) miles from the point of departure, and the cars from which such freight has been transferred shall not proceed further on the road, but shall be returned to the point of departure. During the existence of an epidemic of yellow fever the freight-cars, after unloading, shall be thoroughly cleansed by scrubbing and sprinkling with carbolic acid, or fumigated and disinfected and then painted.

5. All railroad-cars should at all times be well ventilated. The freight-cars, when loaded, should have barred doors to permit the free entrance of air at all times, whether moving on the track or placed upon the sidings; and passenger- and sleeping-cars should be provided with automatic ventilators, so as to secure a rapid change of air in the cars at all times.

**BATHS, AND HOW TO TAKE THEM.**—From Health Primer, "Long Life, and how to reach it," by J. G. Richardson, M. D.:

It is related of the celebrated but eccentric Dr. Abernethy that upon one occasion a child was brought to him suffering from some disease of the skin, it is true, but in a far worse condition from want of cleanliness. The doctor, seeing at once that this latter misfortune was the cause of the former, said to the boy's mother, "I can soon cure your son, if you will strictly follow my directions. Get a large tub, fill it every day two thirds full of warm water, put the little fellow into it, and then rub him all over with the best Castile soap and a coarse towel." "But, doctor," exclaimed the astonished woman, "that would be giving my child a bath." "True," replied the physician, "it is open to that objection."

For purposes of cleanliness, the baths *par excellence* are those of warm water, this term being applied to the ones in which water of a temperature from 70° to 80° is employed. Liquids of this degree of heat usually give a sensation of warmth when placed in contact with the human skin, and therefore avoid the disadvantages of the shock to our systems produced by a cold bath (that is, below 60°), and the excessive stimulation resulting from a hot bath (that is, one of 85° and upward). Soap, or alkali in some form, is necessary to remove the fatty matter poured out by the oil-glands already described, and for most people there is nothing better than the old-fashioned white Castile. Many persons are apt to remain too long in a warm bath, and care should be taken to avoid this mistake,

which has a very debilitating effect if often indulged in.

The frequency with which a bath should be repeated varies somewhat with different individuals. . . A safe rule, to which there are of course sundry exceptions, would be to bathe the whole body twice a week in winter and every other day in summer, gradually increasing this frequency to a tri-weekly washing in winter and a daily one in summer, if experience proves that better health is secured by such a habit.

It is very important to avoid being exposed to cool air after immersion in a warm bath, because mechanical obstructions to the outflow of perspiration from the pores being washed away, the amount of fluid poured out upon the skin, and consequently the cooling effect of evaporation from the cutaneous surface is greater, and the danger of becoming chilled is much increased. The condition is accurately expressed by the popular saying that a warm bath "opens the pores," though the exact mechanism by which this opening is accomplished is not so generally understood. Hence it follows that the best time for bathing, with those who are in robust health, yet are liable to take cold, is in the evening, when they can go to bed at once, and so avoid all exposure for some hours afterward. Invalids, however, and those who have delicate constitutions will often find that they endure the exertion of taking a bath best about eleven o'clock in the morning, after digestion of the morning meal is accomplished, and yet before they are tired out with the fatigues of the day.

Hot baths, by which are meant those of a temperature of from 85° to 105° F., are chiefly used in the treatment of diseases as powerful stimulants, and scarcely require notice here. Every parent should remember, however, that a hot bath, causing free perspiration, promoted by wrapping up warm in bed with blankets, will often save children and adults severe attacks of illness, if promptly resorted to after exposure to cold or wet.

Cold baths are invaluable aids in promoting and preserving health, if properly used in suitable cases; but may become dangerous agents, causing even fatal results, if employed by the wrong individuals, at improper times, or with excessive frequency. Very cold plunge-baths—that is, those below fifty degrees in temperature—should only be indulged in by the most robust, and even with them it is doubtful whether the shock to the system is not more injurious than the after

reaction is beneficial. In every instance the test for the advantage of a cold bath is very simple and easily understood, being merely the occurrence or non-occurrence of this reaction or "glow" as soon as the skin is dried. When such a glow is felt promptly, the bath does good, and may be repeated at the same or a slightly lower temperature; but if reaction takes place slowly, or not at all, the person feeling chilly, and the lips, the skin beneath the nails, and indeed that of the external surface generally, continuing for ten or twenty minutes bluish instead of pink, the bath does harm.

Cool (not ice-cold) sponge-baths are valuable tonics, and may often be advantageously used in delicate states of health. The shock to the system is much less than with the plunge-bath, and the consequent reaction less intense, but the rule for judging of their beneficial influence is precisely the same. . .

Baths should never be taken immediately after a meal, nor when the body is very much exhausted by fatigue or excitement of any kind, nor during nor just before menstruation, and they should be sparingly and guardedly used by pregnant women.

Children and elderly persons ought to employ warm or but slightly cool baths, never below 70° F. In persons of nervous temperament, and the subjects of valvular disease of the heart, cold baths should be very cautiously resorted to; but in robust adults of sanguine or bilious temperament they may be indulged in with much greater freedom.

**SKULLS OF ASSASSINS.**—Dr. Bordier has communicated to the Society of Anthropology of Paris the results of the study which he has made of thirty-five skulls of assassins, shown at the Trocadero by the authorities of the Museum of Caen. These crania were of considerable size, which, as is known, constitutes a sign of superiority. Ought it then to be concluded that assassins are more intelligent than honest people? A more complete analysis soon shows that this is not so. The frontal region—the seat of the intellectual faculties—is, in fact, somewhat less in assassins than in other men; on the other hand, the lateral or parietal region is more developed in them. This region appears, according to recent researches, to be the seat of the motor centers—the centers of impulse. It is that which is found atrophied in apathetic idiots, and hypertrophied in those who are in constant motion. Further, the back of the head is much the same in them as it is in the rest of the world. To



sum up, less reflection and more action than other men would be the intellectual disposition which this craniometric study seems to assign to assassins. In this they approach prehistoric man, and even the protohistoric. In them also is found a frontal region somewhat less, the parietal region somewhat greater. This instantaneity of action, which is thus presumed in the assassin, was, it is suggested, probably a precious quality in the savage of the stone period. The conclusion of M. Bordier is philosophically curious enough; it is that the criminal is an atavic being "similar to an animal who, born of parents long domesticated, tamed, and habituated to labor, should appear suddenly with the unconquerable savagery of his ancestors." Examples of this kind are seen among domestic animals. Among men the analogues of these reversions (*retifs*) would be our criminals. The second part of the work of M. Bordier is devoted to the pathology of criminals. It is still more demonstrative in its character and object. Of thirty-six crania, M. Bordier found only three normal, twelve abnormal, and twenty-one pathological. The lesions affected most often that same parietal region which has been mentioned as frequently hypertrophied among them.—*British Medical Journal*.

**ODD FISH.**—Of the many ways of carrying on the struggle for existence, the art of living at the direct expense of another is that most popular in the animal kingdom, not always excluding the bimanous mammalia. This principle is well carried out by the *malapterurus electricus*, a small siluroid fish found in West African waters. In the April number of the Journal of Anatomy and Physiology Mr. A. B. Stirling describes a strange habit of this electric fish. Receiving a living specimen, which he called "Joe," together with a living example of another siluroid fish, which he called "Dick," he placed them in an aquarium, and found that Dick, an active, handsome fish, readily took worms from his master's hands, while Joe could not be made to rise for food. One day, however, Joe was seen pursuing Dick, and the moment the former touched his non-electrical companion the latter threw up all his food, which Joe devoured. To keep a cook on such extreme physiological principles, and to be one's own torpedo, may confer the blessings of easy digestion, and certainly seems most scientific; still it must be said of the *malapterurus*, as of some of his human fellow-creatures, that his manners

are none and his customs nasty. Dick was at last found dead on the floor, probably having received "one shock too much"—as his owner writes—from Joe, who lived on a few months, refusing all food. He died at last from the overheating of his tank, which caused him to leap out from it; and his remains and those of his companion lie, or rather hang, in the Anatomical Museum of the University of Edinburgh.—*British Medical Journal*.

**PREMATURE GRAY HAIR.**—A correspondent in the Journal of June 14th asks for a means of preventing the hair from becoming prematurely gray. It is very much to be doubted whether there is any means of arresting the process. In the translation of Hebra's work on the Diseases of the Skin, published by the New Sydenham Society, it is stated that there is none. An interesting fact not referred to by your correspondent—nor, so far as I can find, by Hebra—is the question of hereditary predisposition to premature grayness. Being myself an example of *canities præmatura*, I am somewhat interested in the subject. I believe that there is a tendency to premature grayness of the hair in some families; the change being chiefly, if not entirely, limited to those who have dark hair. Such at least is the case among members of my own family. Perhaps some of your readers may be able to contribute some information on this subject.—*Canities Præmatura, in Brit. Med. Jour.*

## Selections.

**Therapeutic Value of Croton-chloral.**—In a very interesting paper read before the Ulster Medical Society, Dr. Riddell (Dublin Med. Jour.) reports his experience of the great therapeutical value of croton (butyl) chloral. He mentions first a case of severe paroxysmal headache ineffectually treated for many years by all the great guns of the Pharmacopœia, but cured by five grains of butyl-chloral twice daily and ten grains taken at night dissolved in spirits of wine and glycerine, with a little acid and syrup of orange to cover the flavor. The patient continues the five-grain doses at night, and now enjoys better health than she has done for years. Since that case Dr. Riddell says he has used it largely—sometimes failing, sometimes relieving—till by keeping an account of all his cases it began to be clear which were most benefited by the drug. Since then the number of cases relieved—some permanently—has increased. These cases are: headache in females arising from mental distress; those cases of headache frequent at the menopause; in fact all those called neuralgic, except a few arising from internal mischief, are bene-

fited and in some instances cured. In that distressing species of neuralgia called *tic douloureux* he has found it in many cases acting like a charm. Of course he does not include any arising from cranial or inter-cranial causes. He has tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate; but in some cases, where the loss of or inability to sleep is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the circulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses to produce the same results than singly. In this he pushed it from ten to thirty grains every three hours, with dram and two-dram doses of the infusion of digitalis. In pain arising from caries of teeth he has found it useless in most cases, and in all inferior to Richardson's "tinctura gelsemini;" but in one case, of a nervous young lady, by giving her two ten-grain doses he was able to extract a tooth next to painlessly, to her great satisfaction. In these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service the drug must be given in far larger doses than prescribed in the Pharmacopoeia for adults, five grains three or four times daily, gradually increasing if required. If stimulants be wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids give glycerine. If anemia exist, combine it with iron or, what he believes better, arsenic; then gradually lessen the chloral. In all cases he has found it better to give it in solution than in powder or pill. Dr. Riddell mentions also severe pain with photophobia and blepharospasm after injury, in which atropia failed, but ten grains of butyl-chloral repeated in an hour gave complete relief; and a case of acute painful facial carbuncle, in which the effect of ten-grain doses every three hours was "simply marvelous," the disease going through its subsequent stages almost without the patient knowing any thing of the matter from the sense of feeling. This remedy is probably less used in practice than its remarkable anodyne powers deserve.—*British Med. Jour.*

**The Galvanic Battery in Poisoning from Gelsemium Sempervirens.**—Dr. F. W. Goss, in Boston Medical Journal:

The patient, a lady of nervous temperament, had taken a dram of Metcalf's fluid ext. of gelsemium by mistake. Dimness of vision, dropping of lower jaw, and tingling of the extremities followed within an hour. Dr. Goss says:

I saw the patient first at 4:30 P.M., five and a half hours after the ingestion of the overdose. She was entirely conscious, but believed herself to be dying. She said she had not been at all relieved of her distressing symptoms, and that in the last hour she had become much worse. About 3:30 she had attempted to eat part of a cracker, and found great difficulty in swallowing it. The loss of power over the jaw had from that time much increased, and at frequent intervals there was a feeling of faintness. As before stated, the mind was clear, but the speech was very thick; the tongue stiff; the lower jaw dropped, so that the mouth stood wide open; the eyesight was dim, so that she could not distinguish the countenances of those about her; the pupils widely dilated and not responding to light; the pulse 132, feeble;

respirations 27, regular. There were no abnormal sensations about the extremities, though earlier there had been slight tingling in them. It was a comfort to her to have her jaw supported by the hand of an attendant.

I gave some carbonate of ammonia, and ordered the dose to be repeated every five minutes, while I went for an electric battery. On my return, at five P.M., the patient said she could swallow with a little less difficulty, and the dropping of the jaw seemed not to be quite so marked. I applied the handles of the battery to the sides of the face, and to the chin along the lower jaw. The sensation of the current was very agreeable to the patient, and in a short time the power to elevate the jaw was being rapidly regained, and the other sensations were becoming less disagreeable. At 5:20 P.M. the pulse was 120, and the pupils were less dilated. At 5:45 the pulse was 104, and the symptoms were much relieved. The use of the battery was then discontinued, it having been employed most of the time during the previous three quarters of an hour. The carbonate of ammonia was ordered to be taken less often. The next morning, September 12th, the report was sent that the patient had passed a restless night. Her eyesight was better, but it became somewhat dim upon using the eyes, and her jaw dropped a little from talking. During the next twenty-four hours she had three attacks of epistaxis, moderate in amount. The bleeding seemed to relieve her head of pain and of a feeling of constriction. No other symptoms worthy of remark occurred. The patient was up and about in a day or two.

**Mammary Inflammation Treated by the Application of Ice.**—Mrs. H., aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the sixth she had a severe rigor, but was better the next day; and on the eighth day expressed herself as feeling so well that I did not see her again until the tenth, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble, with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the Journal of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect any thing wrong in the breast, and she is now quite well and nursing her child. No other remedies were used; and I thank Mr. Browne for one of the most valuable hints I have ever got, and wonder why he has not told us before:—*D. M. Williams, in British Medical Journal.*

**Surgical Notes on the Zulu War.**—D. Blair Brown, F.R.C.S., etc., in London Lancet:

In every instance the wounds when seen by me, on January 26th, were in a sloughy condition. Large masses of purulent matter could be withdrawn with a little pulling by dressing-forceps. The wounds were unmistakably made by ordinary round bullets fired from smooth-bored guns. The ease with which most of the bullets were turned aside from their straight course after penetrating can, I think, be accounted for by the fact that they were fired, for such weapons, at considerable range; and the charges of powder must have been limited, as the enemy individually carry but one bullock's horn transformed into a powder-flask; this is usually all they have. Their fire is described to be very poor, blazing away and only occasionally hitting. It is with the assegai, however, they can do their deadliest work; but this necessitates very close quarters, what is scarcely likely to occur again. The assegais—a lance-shaped piece of steel or iron, upon a comparatively thin but well-balanced round stick as a handle—are of two kinds; the "throwing" assegais are longer and broader in the blade than the "stabbing" kind. The handles of both also differ; that of the first kind is exceedingly well-balanced, to allow of its flight through the air, which it traverses like an arrow, the broad blade acting the part the feathers do in the other, only at opposite ends of the instruments. The Zulus hold them in their right hand, their fingers clenched round the handle not far from the blade, and bending their forearm at right angles to their arms, with a backward and forward movement they direct with a sudden jerk the instrument upward into the air, where it is seen coursing like an arrow, and descending in a similar manner. At thirty yards many of them are very accurate in hitting their object. The "stabbing" assegai has a short and stouter handle, has a much smaller and narrower blade, and is attached to the handle by a continuation of the blade in the form of a steel shaft for about half a foot, and there securely fastened. In stabbing they keep the edge very low, making numerous cuts, stabs, and dashes therewith as they approach; suddenly raising the point they make a direct stab, and, without withdrawing, a rip. It appears to be a thoroughly methodical operation, requiring considerable skill to acquire. It is an error often made to think that, on nearing an enemy, they all at a certain signal bend the handles of their long assegais upon their knees, and break them short. I am told this does not take place except when they have no "stabbing" and all "throwing" instruments with them—a circumstance which rarely occurs, as they always keep close to one of the latter as their chief defense.

The wounds, therefore, received from these different proceedings must also differ in character. My late *confère* and friend, Surgeon-major Shepherd, was killed by a thrown assegai just as he was starting from the side of a wounded Natal Carabineer whom he was examining. Trooper Muirhead, of the Carabineers, who was with him at the time, informs me that he saw it coming, bent his head down upon his horse's neck, and escaped it. Shepherd was close to him, and received it in his back. He at once fell from his horse with a loud exclamation, and was surrounded by Zulus and finished. The depth a thrown assegai will penetrate is great. In stabbing the abdomen appears to be the target they aim at, if possible. Assegai wounds of the extremities I have met with none—except the case already recorded—of any interest, no important vessel having been injured. One

officer of the Contingent received one through the calf of his leg, "pinning him to his saddle." This healed at once, and he hopped about all the time. I simply kept a bandage upon it.

If we have to retreat rapidly, then a wounded man means a dead one, as the enemy converts the one into the other at once. Assegai wounds of regions not immediately fatal generally require but the simplest treatment.

Without medicines, lint, bandages, or any of the usual equipment at Helpmakaar, I had to make use of what I could find. A considerable amount of well-tarred tow was found in a box where some wine-bottles were packed. This I used as a dressing for all the wounds, and no case did badly. Water or watery lotions were not used, except the former to wash the skin in the neighborhood of the injuries. A few fibers of the tow were used as drains in the wounds, and appeared to serve the purpose as well as any thing else.

**Treatment of Pregnancy complicated with Cancerous Disease of the Genital Canal.**—From Boston Medical and Surgical Journal:

In the last volume of the Transactions of the Obstetrical Society of London (Vol. XX, 1878) Dr. G. Ernest Herman has a most valuable article on this serious complication of pregnancy. It is based upon a careful study of one hundred and eighty cases. The general conclusions with which the writer closes the article are as follows:

1. That whatever influence cancer of the uterus may have upon conception is adverse to its occurrence.
2. That cancer of the uterus tends to produce the intra-uterine death and premature expulsion of the fetus.
3. That the growth of cancer of the uterus is, as a rule, accelerated during pregnancy.
4. That with cancerous disease affecting the whole circumference of the os uteri labor may be quick and easy, and the patient may recover well and live for months afterward.
5. That when delivery under such conditions is accomplished by natural efforts, expansion of the cervix takes place by fissuring.
6. That this fissuring does not usually augment the risk to the mother.
7. That imitation of this natural process, by making incisions, neither increases the danger at the time nor accelerates the progress of the disease subsequently, and that it often greatly facilitates delivery.
8. That the cases in which the cancer forms a tumor of great size or hardness are the ones in which delivery by natural efforts will not take place.
9. That where the above characters are absent no definite criteria can be drawn from the local conditions by which to foretell the behavior of the cervix uteri during labor.
10. That where delivery of a living child *per vias naturales* is impossible, such limited experience as we have shows that there is but little difference as to risk to the mother between craniotomy and cesarian section.

He also draws the following conclusions as to proper practice to be adopted in dealing with such cases:

1. That where it is possible to remove the disease, either during pregnancy or at the time of labor, it ought to be done.
2. That where this can not be done the safety of



the mother is best consulted by bringing the pregnancy to an end as soon as possible.

3. That, when labor has actually come on, expansion of the os uteri should be aided by making numerous small incisions in its circumference.

4. That dilatation of the os uteri being in progress, if uterine action should be deficient, and it becomes necessary to accelerate labor, the use of the forceps is, as a rule, better than version.

5. That when dilatation of the cervix can not take place, even after incisions have been made, either from rigidity or magnitude of the tumor, cesarian section should be performed.

**Conduct of Third Stage of Labor.**—1. Contractions of the uterus after the birth of the child are essential to complete the detachment and expulsion of the placenta first, and second to compress the sinuses and thus to prevent hemorrhage. 2. Periods of rest during this process are important, to permit the closing of the disrupted sinuses by sealing with coagula. 3. The early agitation of the uterus by kneading and compression would defeat the conservative forces of nature in this stage of natural labor. 4. Withhold ergot till the placenta is detached. 5. Deliver the placenta by bringing it down edgewise with the hand, and not by traction upon the cord. 6. Inertia of the uterus without hemorrhage requires time and restoratives. 7. Inertia of the uterus with hemorrhage, introduce the hand to deliver the placenta, and at the same time secure contraction. 8. Irregular contraction is best overcome by moderate force continuously applied. 9. Abnormal adhesion requires artificial interference so soon as the diagnosis is made.—*De Laskie Miller, in Chicago Med. Jour.*

**What to do for Neurasthenia.**—Dr. Goodell gives to Dr. S. Weir Mitchell the credit of suggesting to him the direction, as he thinks, of wise therapeutics. He first refers to the plan of treatment devised and put in practice by Dr. Mitchell and described by him in his work entitled "Fat and Blood, and How to Make Them." Struck by his remarkable success, I followed his lead in those cases of backache, and weariness, and wakefulness which tradition has labeled as disease of the womb, but which display no course uterine lesion—cases with leucorrhea, or with amenorrhea, or with menorrhagia, and yet so clad with the livery of hysteria as to perplex alike the psychologist and the gynecologist. Then, again, I was led to combine this treatment with a local one in those cases of undoubted uterine disease in which the exacting constitutional symptoms were out of all proportion to the local lesions. The results of the rest, of the massage, of the electricity, of the seclusion, and of the feeding which constitute this treatment far surpassed my expectations.—*Obstet. Gazette.*

**Cupping in Carbuncle.**—In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more often than now. During this period I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following the old gentleman rested for the first

time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment the disease is thus shorn of half its pain, duration, and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed; I more often use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect if adroitly done, besides having this advantage, of being always available.—*Dr. Hunt, in Chicago Medical Examiner.*

**Gelsemium in Neuralgia.**—Professor Massini, of Basle, recounts his experience of the use of this drug in the treatment of eighty cases of neuralgia of the trigeminus. In cases of this sort Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose usually affords relief, and that the pain rapidly subsides after a second or third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stopping of a carious tooth. Where there is any inflammatory affection of the bone or periosteum, no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Dublin Journal of Med. Science; Lancet and Clinic.*

**Use of Chloroform in Diseases of the Heart.** On this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Société Médicale des Hôpitaux, three principal points are established: 1. That the existence of heart-disease does not contra-indicate the use of anesthetics; 2. That chloroform is a sedative in this class of diseases; 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnea and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterized by dyspnea and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.—*Medical Press and Circular.*